

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINS, WITH UNPAID INQUIRIES IS A TERM OF RECORD

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

FEB 19 1937

2646

1. PLACE OF DEATH

54 County Talk  
Township Marion  
City Brighton

Registration District No.

71.0

Primary Registration District No.

59.39

File No.

Registered No.

St.

Ward)

2. FULL NAME

William M. Franklin

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

Blanche Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 8, 1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

58

5

16

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

27

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Franklin, Mo.

13. NAME

William M. Franklin

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Franklin, Mo.

15. MAIDEN NAME

Blanche Suttell

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Franklin, Mo.

17. INFORMANT  
(ADDRESS)

Reby Board

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Brighton

DATE

June 27, 1937

19. UNDERTAKER  
(ADDRESS)

W. L. Board

20. FILED

Feb. 12, 1937

Estelle Benton

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 27, 1937

22. I HEREBY CERTIFY That deceased deceased from

19..... to

19.....

He saw him die on June 27, 1937 Death is said

to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
of Brain

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

William M. Board

Franklin, Mo.

